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OF NURSING CASE MANAGEMENT

A thesis submitted to the
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in partial fulfillment of the requirements
for the degree of

MASTER OF SCIENCE IN NURSING
in the College of Nursing and Health

1996

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Case Management

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Abstract

Concept Analysis of Nursing Case Management

This investigation examined the concept of nursing case management using Rodgers' (1993) framework of concept analysis. A comprehensive computer search of literature indexed in the disciplines of nursing, medicine, psychology, and sociology yielded a sample of 351 articles in which nursing case management was addressed. Since many descriptions of nursing case management exist, there is difficulty and confusion in defining the role of nursing in case management. This finding, in conjunction with the expanding need for case management, led to the development of a research project directed at the clarification of the concept of nursing case management. The purpose of a concept analysis is to clarify the way the concept is used in practice. Using Rodgers' framework, data were separated into six major categories: (1) surrogate terms; (2) related concepts; (3) references; (4) antecedents; (5) attributes; and (6) consequences. As each article in the sample was evaluated, statements that focused on the major categories were identified. Data in the form of word phrases, or terms, were derived from the content of each article on each major category. Certain terms were placed in different categories depending on how they were used in a particular article, for example managed care could be either a surrogate term or a related concept. Discovering many surrogate terms provided evidence that there was difficulty agreeing upon a definition of nursing case management. Managed care, one of the related concepts discovered, indicated nursing case management was an integral part of the managed care puzzle. Two main references were identified: setting and population. The variety of terms in these areas indicated there was significant

flexibility of nursing case management. Antecedents, catalysts of the need for nursing case management, addressed in the literature included: issues of cost containment, fragmentation of care, and complex client needs. Based on the literature review, 65 different attributes were found that characterized the activities performed in the practice of nursing case management. Attributes was considered to be the most important category. Some of the most frequently occurring attributes were: collaboration, planning, assessment, coordinating, evaluating, monitoring, and educating. Consequences demonstrated that nursing case management had generally impacted positively upon high healthcare costs, fragmentation of care, and complex client needs. Temporal changes in all categories were demonstrated when the concept was viewed over time. Using the most frequently occurring attributes, antecedents, and consequences, a model case was identified that could serve as a useful model to generically illustrate the concept of nursing case management. Rodgers' framework appeared both philosophically and methodologically sound, and provided an orderly progression to follow in the analysis of this concept. Conceptual clarity of nursing case management, as determined through this analysis, has provided a basis for expanding the knowledge development of nursing by contributing needed information for future developments in case management, nursing curriculum, and outcome measures.

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Chapter I

Introduction to the Study

This chapter consists of the introduction, the purpose of the study, the need for the study, the review of the literature, the theoretical rationale, and conceptual definitions. The problem of defining nursing case management has been addressed using Beth Rodgers' concept analysis framework.

Introduction

Reform initiatives in health care delivery systems have stimulated an accelerated interest in case management. As health care costs have exponentially increased, all consumers of health care have demanded cost effective, quality patient care. To meet these demands, health care organizations have instituted case management as one method of service delivery. Case management, however, as a concept of practice had differed between and within many contexts and environments including: programs of insurance-based, employer-based, worker's compensation, or third party payers; and practices of nursing, medicine, mental-health, or social services (Smith, 1995). The operationalization of case management, as a complex concept in health care, has resulted in a lack of a single agreed upon definition. The difficulty in defining case management lies in the fact that it has several meanings (Molloy, 1994). Often, several terms are intermingled or interchanged with case management, such as: service management, care coordination, care management, patient care planning, and managed care. The lack of clarity has resulted in confusion for both the consumer and the healthcare providers delivering the service.

Purpose of the Study

In an attempt to produce a clearer understanding of nursing's role in case management, the purpose of this study was to clarify the concept of nursing case management. This clarification was undertaken based on a comprehensive review of how nursing case management was described and applied in the periodical literature.

Need for the Study

Many descriptions of case management exist. In fact, case management not only differs by purpose and activities, but also in definitions across settings, models, and between disciplines. These differences constituted the need for a closer look at case management and the application of the concept in nursing practice.

An examination of case management demonstrates that it has continued to grow in popularity across the spectrum of health care settings. Several trends in case management have necessitated the need for defining the boundaries of case management. This has been made apparent through the integration home-based and hospital-based case management practices. That is, care services have been expanded to follow clients beyond a single episode of illness. In addition, certification has started to be granted through the Commission on Insurance Rehabilitation Specialists for those individuals who hold a professional license or certification in a healthcare field with case management experience (Cline, 1993).

A common certification for several disciplines could further perpetuate duplication of services. The multiplicity of services and settings in which case management has been carried out has invariably lead to the numerous definitions of case management and case

managers. The question then arose as to who would be the most appropriate provider to serve as case manager for a given population (Marschke & Noan, 1993). According to Marschke and Noan, some common views are that nurses or physicians would be best to serve in the acute setting where there was an illness emphasis. Whereas, social workers have been described as the "best fit" for the community or ambulatory setting where there was a wellness emphasis. When a client is in contact with more than one case management service, this process further added to the confusion about who was responsible for their care. According to Smith (1995), case management had the flexibility to cross all disciplines to decrease this fragmentation of care. With the ability to function in multiple health care settings, nursing can easily adapt to meet multiple client needs.

The case manager's background influences the kind of direct care that can be provided to the client. Nurse case managers combine case management with direct nursing care, providing a more comprehensive assessment of health than other health professionals serving as case managers (Newman, Lamb, & Michaels, 1991). In order to really know the client's needs, the case manager should have a clinical background with substantial clinical knowledge, skills and judgment. A key role in nursing practice is the coordination of services and care, thus further supporting the nurse as an ideal candidate for case manager.

It should also be noted that nurses have been involved in case management in the public health arena since the turn of the century. In this role, the nurse focused on clients and their families in the management of their health promotion goals. However, according to Grau (1984), the term case management has evolved from the phrase "service

coordinator" addressed in the social welfare literature during the early 1970's. Despite the earlier introduction of the term, as late as 1988 confusion about the term case management was perpetuated by the nursing professions' own confusion about the process and mislabeling of the concept (Lyon, 1988). However, a change in the focus of case management has been seen developing over recent years. The practice of case management has been directed at the medical focus of disease processes or the financial focus on cost containment. Despite these new focuses, the concept of case management and discipline specific roles have not clearly emerged. This has led to role confusion across disciplines and within the health care industry. Therefore, studies focusing on the clarification of the concept of nursing case management are needed.

Clarifying the description of nursing case management will facilitate the identification of purposes, services, and clients to be served. Mark (1992) identified case management, team nursing, and total patient care as major nursing practice models, however, she did not clarify nursing case management as a concept. Clarification will allow for greater ease in evaluation and comparison among sites or environments. Lyon (1993) stressed that it was unrealistic to continuously redefine the purpose or functions of a case management program every time the generally accepted trend in criteria for case management changes.

In order to prevent the fluctuating definitions of case management, the clarification of nursing case management through concept analysis may provide a knowledge base for nurses to function in the role of case managers. According to Chinn and Kramer (1991), a concept analysis has been described as a strategy for creating meaning. A concept is more than just the word or expression; it includes the accumulation of intent and use that

lies behind the word (Rodgers, 1993). The analysis process, as described by Goosen (1989), uses information about the designated concept from all published and experiential data available in numerous disciplines to incorporate empirical and descriptive knowledge.

Analysis of a concept has been plagued by conceptual problems such as vague terminology, ambiguity of definitions, and variances across theories, consequently slowing the advancement of scientific inquiry in those areas (Rodgers, 1993). Extensive amounts of literature connected with a concept may imply a well developed concept, but confusion could be revealed through closer inspection. When confusion has been found to exist, a clarification of the concept is in order (Morse, 1995). Lack of clarification in the meaning of words used to describe a concept has been shown to lead to misinterpretation and misunderstanding. Although agreement on the meaning of a particular term is not essential, a term must be described sufficiently so that the desired image of the concept becomes more explicit. Without defining concepts, nursing cannot evolve either as a science or as a professional practice.

Given that the nursing discipline is based on scientific principles, studies which are directed at the clarification of concepts and/or practices are needed. Therefore, a study directed as the clarification of nursing case management should have significant impact. Thus, finding from this study may contribute to a better base for nursing practice and provide information to assist the health care team in making decisions about case management issues.

Review of the Literature

Review of Previous Studies

Extensive literature exists in which the nurse has been described in the role of case manager. In addition, the nurse as a case manager has been supported by the American Nurses Association (ANA). The primary role functions of the nurse case manager have been further defined by the ANA (1988) as: health assessment and planning, procurement, delivery, coordination, and monitoring to meet the multiple needs of the client. Despite the volume of literature available on nursing case management, an extensive literature search had not produced a previous concept analysis of nursing case management.

The literature used in this investigation of a concept analysis of nursing case management was compiled during the process of data collection. This information can be found in the presentation and discussion of findings, in Chapter III and IV.

Theoretical Rationale

Developing and clarifying the knowledge base of nursing has been a concern of the discipline. However, concept development and clarification had not been well developed in nursing. Beth Rodgers, (1989) developed a framework for interpreting the findings of a concept analysis. This theoretical rationale is addressed as Rodgers described this concept analysis framework. Concepts are considered to be dynamic and possess practical usage in this "evolutionary" view. According to this approach, concepts are formed by identifying characteristics common to a phenomena, condensing, and clustering these characteristics, along with some means of expression, usually a word. The social context in which the interaction and development of the concept occur influence its evolvement.

Evolution or conceptual change is an important aspect of this view of concepts. Rodgers believed that attributes of a concept may change over time and still maintain usefulness and relevance.

According to Rodger's (1993) framework, the development of a concept can be illustrated by a cycle that continues through time and within a certain context or a particular discipline. The three distinct influences on concept development described in this cycle are: significance, use, and application. The significance of the concept reflects its relevance and purpose and is related to a variety of factors at any given time. The second influence, use, as a common manner of employing that concept, is an appropriate focus in the definition of a concept. Application comes as education and socialization over time give the concept a particular use. Strengths and limitations of the application give direction for further development of the concept.

This framework emphasizes the ongoing process of concept development. An inductive approach is used so that a specific or strict definition is not the outcome. The emphasis on time and context correlate with the goal. Concept analysis by this evolutionary method has been defined as the following eight step process:

1. Identify the concept of interest and alternate terms.
2. Identify and select a suitable setting and sample for data collection.
3. Collect data about surrogate terms, references, antecedents, consequences, and attributes of the concept.
4. Identify related concepts of the concept of interest.
5. Analyze data obtained from the above characteristics of the concept.

6. Conduct temporal and/or interdisciplinary comparisons of the concept.
7. If pertinent, identify a model case of the concept.
8. Identify implications and recommendations for further study.

Identifying the concept of interest and appropriate nomenclature is the first step in this analysis of a concept. The particular direction of the study is derived in this step.

Directions the researcher chooses may include changes in the concept over time, the use over various disciplines, or to expand the cache of concepts used to characterize situations or research.

In the second step, the desired outcomes and initial questions asked by the researcher will determine the setting and sample best suited to the particular concept of interest. The setting, defined in a literature-based analysis as the time period to be examined and disciplines to be included, is selected by familiarity with the literature. Large volumes of literature can be reduced to a manageable size by limiting time periods, disciplines, or literature sources. The sample, which is the literature included in the study, accommodates a computerized search. This is a distinct advantage because it makes it possible to identify the total indexed population of literature.

After selecting the sample, the collection of raw data and subsequent analysis are the focus of using this framework of concept analysis. The third and fourth steps are where the identified surrogate terms, related concepts, references, antecedents, attributes, and consequences provide relevant data that actually clarify the concept, rather than a specific dictionary definition. Articles reviewed in the analysis may not actually define the concept; the researcher may have to look for clues on the author's definition. The

researcher also collects data in the form of methodological decisions made during the span of the investigation.

Step 5 is analysis of the data. The greatest challenge in concept analysis is avoiding premature closure and jumping to conclusions. For this reason, Rodgers (1993) stressed that the final, formal analysis should be delayed until near the end of data collection.

According to Rodgers, it is important for researchers avoid forming early impressions and subsequently missing characteristics of the data that appear during the collection. The data are organized according to the major themes occurring in the literature. This is a process of continually reorganizing the data to obtain appropriate categories or headings.

Step 6 is directed at the examination of the delineated categories, then proceeds to observe for changes in the use of the concept over time, its use among various disciplines, or emerging trends.

In the seventh step, the inductive view of the evolutionary method dictates that the model case be identified; not constructed by the researcher as other methods of concept analysis advocate. According to Rodgers (1993), the construction of a model case when one is not available may actually imply a clear definition of the concept when in reality the absence of a model case is an important piece of information about the concept under study. A model case is used to provide a relevant, effective application of the concept in a variety of settings. It is important for the investigator to remain neutral in the choice of a model case since bias could easily arise at this time.

Interpretation follows the identification of a model case. Two outcomes of interpretation are desirable in the analysis of a concept: providing information on the

current state of the concept, and initiating indications for inquiry based on this information and identified gaps. In this framework, the results of the investigation may be viewed in comparisons between disciplines or changes over time, as well as insight into trends concerning the concept. The inductive nature of this framework is believed to promote analysis of a concept as an indication for further research, not a conclusive end to examination.

The eighth and final step, promoting additional inquiry by identifying questions and areas for further research, is an important contribution of an analysis of a concept. A concept analysis can strengthen research by originating hypotheses or providing a solid conceptual foundation for further study. Methodical review of a large volume of literature is possible with concept analysis, and consequently can attest to the need for a particular study.

This framework emphasizes the fluid nature of concepts relative to temporal and contextual aspects. It offers nursing an avenue to continue to develop and clarify its' knowledge base and conceptual foundation.

Conceptual Definitions

This descriptive study was based on Beth Rodger's Concept Analysis Framework. In this framework, the characteristics of a concept are divided into the major categories of surrogate terms, related concepts, references, antecedents, attributes, and consequences. The major categories and the terms concept and model case, according to Rodgers' (1993) are defined as follows:

Antecedents: refer to situations, events, or phenomena that precede an example of the concept.

Attributes: constitute a real definition as opposed to a nominal definition that merely substitutes one synonymous expression for another.

Concept: abstractions that are expressed in some form.

Consequences: situations, events, or phenomena that follow an example of the concept.

Model case: an everyday example of the concept that includes its attributes.

References: a situation in which the concept occurs or is being applied.

Related concepts: those concepts that do not share the same attributes with the concept under study, yet are connected to that concept.

Summary

Chapter I provided the introduction, the purpose of the study, the need for the study, the review of the literature, the theoretical framework, and conceptual definitions. The complexity of case management was linked to the variety of definitions and descriptions that have evolved over time. Since the term case management has been used by many disciplines to describe care practices in diverse settings, the need for a concept clarification specific to nursing case management was identified. Concept analysis, as a strategy for creating meaning, was chosen to aid in the description of nursing case management. Beth Rodgers' eight step concept analysis was chosen as the framework for use in this study.

Chapter II

Methods and Procedures

This chapter is comprised of sections that describe the research design, setting, sampling, operational definitions, and procedures. In accordance to Rodgers' (1993) framework, steps 1 through 4 are addressed.

Design of the Study

A retrospective descriptive study which incorporated a concept analysis method was used for this investigation. The method of concept analysis described by Rodgers (1993) was applied to literature of professional health care disciplines which addressed a nurse in the role of case manager. This approach was consistent with the idea that interrelationships exist across various disciplines.

Setting

Rodgers (1993) defined the setting as a literature-based analysis composed of the time period and types of literature to be reviewed. The population for this investigation included all English language journal articles published in the disciplines of nursing, medicine, psychology, and sociology from 1983 to June 1995 that dealt with case management or managed care. The inclusion of the three disciplines in conjunction with nursing was based on an initial examination of the literature.

Upon a preliminary search, a vast majority of the times the concept of case management was noted, it was found in the nursing literature. Therefore, CINAHL was used as a primary source for identifying the concept of nursing case management. The indexes in Social Index, Medline, and PsychINFO were also included to add another

perspective because of the close relationship between the conceptualizations in these other disciplines and nursing. The index Medline did not have the keyword "case management," however, case management-related articles were filed under the keyword "managed care." All indexes were searched using the keyword "case management" and "managed care." Identifying the concept of interest and the alternate term fulfilled step 1 of Rodgers' (1993) framework. The selection of the setting and sample was in line with the second step.

Sample

Articles were considered for inclusion in the investigation if they met the following criteria: (a) were found in medical, nursing, psychology, and sociology journals, (b) were accessible for examination, and (c) pertained to nursing case management. Articles were excluded if their main focus did not pertain to the nurse in the role of case manager.

Articles were also excluded on the basis of duplication. Computer searches were employed to aid in the selection of the sample. The computer data bases were also cross-referenced to eliminate duplication of items that were listed in more than one index.

The results of the primary, secondary, and tertiary sampling techniques that were performed were identified in Table 1. The computerized literature search revealed 4,362 articles in the population. The primary sampling involved examining those abstracts on the computer for inclusion in the sample. This sampling resulted in the selection of 2,207 articles. The secondary sampling consisted of retrieving and reviewing the articles selected from the primary sample. This review was unable to be performed on 39 articles (1.8%) due to their inaccessibility. Exclusion criteria eliminated articles in the years 1983

through 1986. This secondary sampling process resulted in the selection, photocopying, and reviewing of 463 articles. In a tertiary sampling process, the inclusion criteria was then applied to those articles. This resulted in 351 articles being selected as the sample for use in this investigation.

Table 1

Characteristics of Literature Population and Sample

Year	No. of articles in population ^a	No. of articles selected from population ^b	No. of articles unavailable for review	No. of articles photocopied and read ^c	No. of articles in sample
1995	175	43	2	8	7
1994	1186	417	16	107	79
1993	999	443	5	77	56
1992	593	435	10	58	45
1991	436	267	5	84	65
1990	524	356	0	58	43
1989	200	103	1	44	37
1988	139	63	0	25	18
1987	49	28	0	2	1
1986	28	26	0	0	0
1985	16	13	0	0	0
1984	13	11	0	0	0
1983	4	2	0	0	0
Total	4362	2207	39	463	351

^aPrimary sampling performed on these articles. ^bSecondary sampling performed on these articles. ^cTertiary sampling performed on these articles.

Operational Definitions

The conceptual definitions of Beth Rodgers' major categories of surrogate terms, related concepts, references, antecedents, attributes, and consequences were further described in order to make them more measurable. For the purpose of this study, the major categories and the term nursing case manager were operationally defined as follows:

Antecedents: causes or catalysts to the development or need of nursing case management.

Attributes: qualities, procedures, provider, and processes ascribed to nursing case management.

Consequences: situations, circumstances, or events that result in response to nursing case management.

Nursing case manager: a role ascribed to a nurse.

References: the population and physical setting in which the concept occurs or is being applied. For example, pediatrics/cardiac and home/hospital/clinic.

Related concepts: concepts that were linked with nursing case management yet not equated with it.

Surrogate terms: a term used interchangeably with nursing case management.

Procedures

In the tertiary sampling, each of the 463 articles were randomly selected and read. Based on the established criteria, 112 articles were excluded and 351 articles were included in the sample. As an article was included in the sample, it was assigned identification codes. This identification code provided annotation, numbered specific to the article, the discipline, and the year published. Articles were randomly ordered and

assigned a number of 1 through 351. Disciplines were noted using a number 1 through 5.

This was followed by a double digit number representing the year of publication.

According to Rodgers (1993), this identification system provided the following benefits:

(a) ease in noting a source when collecting data; (b) ability to differentiate among various disciplines; (c) and aide in cross-referencing between each item and the original population list.

Twenty articles from the sample were randomly selected for interrater reliability. Each article was read in its entirety to aid in the identification of the general content and tone of each of the articles. Statements were identified that focused on the following major categories described in step 3 and 4 of Rodgers' (1993) framework: surrogate terms, related concepts, references, antecedents, attributes and consequences. Statements and phrases were inductively grouped into these categories. Data terms in the form of one word or a few word phrases were derived from the content of each article for each major category. As suggested by Rodgers (1993), related concepts and surrogate terms were excluded from this procedure because they needed no further reduction from the simple one or two word bits of data.

These data were recorded onto coding sheets developed by the researchers to facilitate analysis and reduce transcription errors (see Appendixes A-F for data collection sheets). Separate data collection sheets were used to record data specific to each of the six major categories of surrogate terms, references, antecedents, attributes, consequences, and related concepts.

After the first twenty articles were read by one researcher, the same articles were read a second time by the other researcher. Noted discrepancies between findings of researchers were discussed and a consensus was reached on the data. These twenty articles were then returned to the sample pool. A second set of twenty articles was read by both researchers and was subjected to a percent agreement formula for interrater reliability. The percent agreement formula is number of agreements/number of agreements plus disagreements (Polit & Hungler, 1995). According to Polit & Hungler, this reliability, as a function of agreements, tends to overestimate observer agreements. This formula was selected because the data were exhibited as nominal data. Article number 10 was excluded by both investigators. Interrater reliability was performed on the remaining 19 articles. As shown in Table 2, the interrater reliability was 0.922.

Table 2

Interrater Reliability

Article	Total possible agreements	Number of agreements	Number of disagreements	Interrater reliability
1	133	118	15	.887
2	133	128	5	.962
3	133	119	14	.894
4	133	119	14	.894
5	133	123	10	.925
6	133	118	15	.887
7	133	121	12	.910
8	133	126	7	.947
9	133	120	13	.902

(table continues)

Table 2. (continued)

Article	Total possible agreements	Number of agreements	Number of disagreements	Interrater reliability
10	NA	NA	NA	NA
11	133	116	17	.872
12	133	132	1	.992
13	133	119	14	.895
14	133	127	6	.954
15	133	126	7	.947
16	133	130	3	.977
17	133	126	7	.947
18	133	114	19	.857
19	133	124	9	.932
20	133	126	7	.947
Total	2527	2332	195	.922

The percent agreement formula was applied to the data sets for each major category to examine interrater reliability within each major category. This interrater reliability is shown in Table 3. The range of reliability was from 0.889 for attributes to 0.957 for references.

After completion of interrater reliability, the terms that were noted from the articles were generated into a list under each major category. Each term was assigned a number as it was added to the list for each major category. These lists were then used by both researchers to aid in the identification of terms for each major category found in the remaining articles of the sample. As more terms under the major categories were identified by the investigators, they were added to the lists for use by each investigator.

In addition to the investigation data, another type of data was collected. Each researcher maintained a journal throughout the investigation. Thoughts and perceptions about data collection, analysis, and methodological decisions were noted in these journals.

Table 3

Interrater Reliability of Major Categories

Major category	Total possible agreements	Number of agreements	Number of disagreements	Interrater reliability
Surrogate				
Terms	76	71	5	.934
References	339	382	17	.957
Antecedents	437	415	22	.950
Attributes	988	872	110	.889
Consequences	589	551	38	.935
Related	38	35	3	.921
Concepts				
Total	2527	2332	195	.931

Summary

In summary, Chapter II provided the methodologic base for the investigation. The chapter covered the research design, setting, sampling, operational definitions, and procedures. A retrospective literature review, according to Rodgers' (1993) framework for concept analysis was performed, using a computer-based literature search. This covered nursing, medicine, psychology, and sociology journals. A primary, secondary, and tertiary sampling was then carried out according to the criteria for inclusion into the sample. Data were collected on the sample following an interrater reliability between investigators.

Chapter III

Presentation of Findings

Chapter III consisted of the data analysis, demographic data of the sampled articles, and results of the investigation. This chapter covered steps 5 and 6 of Rodgers' (1993) framework. Data was presented in the order of surrogate terms, related concepts, references, antecedents, attributes, and consequences.

Data Analysis

Descriptive analysis was performed to profile the demographics of the sample, the major categories, and the ten most frequent terms per major category that occurred. Temporal changes in the ten most frequent terms were examined. Frequency distribution allowed nominal data to be organized and tabulated. A frequency distribution analysis of all data sets was used to present the findings.

Demographics of the Sample

Demographic data on this sample of 351 articles were categorized and presented in Table 4. The discipline characteristics of the sample consisted of 318 (90.6%) nursing, five (1.4%) medicine, eight (2.3%) psychology, six (1.7%) sociology, and 14 (4%) other discipline articles. Articles classified into the category of other disciplines consisted of five insurance, one health administration, one business, two education, one occupational therapy, and four unknown discipline articles. The largest number of articles (n=79) came from the year 1994, accounting for 22.5% of the sample.

Table 4

Frequency of Demographic Data by Discipline and Year for Sample (N=351)

	Frequency	Frequency %
<u>Discipline</u>		
Nursing	318	90.6
Medicine	5	1.4
Psychology	8	2.3
Sociology	6	1.7
Other	14	4.0
<u>Year</u>		
1995	7	2.0
1994	79	22.5
1993	56	16.0
1992	45	12.8
1991	65	18.5
1990	43	12.3
1989	37	10.5
1988	18	5.1
1987	1	0.3

Results

The purpose of this study was to clarify the concept of nursing case management. This phase of the investigation fell in line with step 5 of Rodgers' (1993) framework.

Descriptive statistics were utilized to analyze the data collected on surrogate terms, related concepts, references, antecedents, attributes, and consequences of nursing case management. The frequency distribution and percentage for the six major categories

were presented in Tables 5 through 10. In the tables, all terms in each major category were listed in rank order from most frequent to least frequent occurrence. Each term was also represented by the percentage of the total number of term occurrences per major category.

The 23 identified surrogate terms in this study were presented in Table 5. Surrogate terms were addressed a total of 65 times in the literature. Care management was the most frequent term, occurring 17 times. Only four terms; care management, managed care, case coordination, and collaborative care were seen more than two times.

Table 5

Frequency Distribution of Surrogate Terms

Term	Frequency(f)	Percentage(%)
care management	17	26.2
managed care	10	15.4
case coordination	8	12.3
care coordination	6	9.2
outcomes management	2	3.1
continuing care coordination	2	3.1
service integration	2	3.1
service coordination	2	3.1
continuity coordination	2	3.1
clinical case manager	2	3.1
managed competition	1	1.5
health plan coordinator	1	1.5
program coordinator	1	1.5
collaborative care	1	1.5
intensive case management	1	1.5

(table continues)

Table 5. (continued)

Term	Frequency(f)	Percentage(%)
cost management	1	1.5
utilization management	1	1.5
resource coordination	1	1.5
health care management	1	1.5
case assignment	1	1.5
team managed case management	1	1.5
discharge planner	1	1.5
total frequency	$n=65=\sum f$	$\sum \%=100\%$

As seen in Table 6, four of the surrogate terms were also identified in the sampled literature as related concepts. Those terms were managed care, outcomes management, utilization review, and discharge planning. Managed care was the most frequent related concept, whereas it was the second most frequent surrogate term found in the sampled literature.

The third major category, references, was presented in Table 7. A total of 39 references were observed in the sampled literature. Home care and hospital settings were noted most often at frequencies of 124 and 114, respectively.

Table 8 denotes the same similarity in frequency in the two most frequently found antecedents. Out of a total of 31 antecedents, increased costs were noted 102 times, compared to multiple and complex needs requiring an integrated approach at 99 times.

Table 6

Frequency Distribution of Related Concepts

Term	Frequency (f)	Percentage(%)
managed care	62	60.8
gate keeper	26	25.5
facilitator	5	4.9
outcome management	4	3.9
geriatric consultation	1	1.0
utilization review	1	1.0
preadmission screening	1	1.0
discharge planning	1	1.0
social casework	1	1.0
total frequency	$n=102=\sum f$	$\sum \%=100\%$

Table 7

Frequency Distribution of References

Term	Frequency(f)	Percentage(%)
home care	124	19.0
hospital	114	17.5
medical center	70	10.7
elderly	42	6.4
mentally ill	31	4.7
pediatric	29	4.4
outpatient clinic	22	3.4

(table continues)

Table 7. (continued)

Term	Frequency(f)	Percentage(%)
surgery	21	3.2
HIV	17	2.6
inner city	16	2.5
computer	14	2.1
rehab	13	2.0
adult ICU	12	1.8
rural	12	1.8
NICU	11	1.7
cardiovascular	11	1.7
HMO/insurance	10	1.5
orthopedics	10	1.5
perinatal/women's health	10	1.5
occupational health	8	1.2
long-term facility	6	0.9
school	6	0.9
cancer	6	0.9
neonates	6	0.9
trauma center	5	0.8
learning disability	5	0.8
hospice	4	0.6
urology	3	0.5
diabetes	3	0.5
transplant	2	0.3
neuroscience	2	0.3
lawsuit pending	1	0.2
pulmonary	1	0.2
total frequency	$n=653=\sum f$	$\sum \%=100\%$

Table 8

Frequency Distribution of Antecedents

Term	Frequency(f)	Percentage(%)
increased costs	108	14.9
multiple/complex needs require		
integrated approach	99	13.7
fragmentation of care	69	9.5
DRG prospective payment		
system	67	9.3
nursing shortage	41	5.7
increased quality needs	40	5.5
health care reform	38	5.3
difficult access to services	38	5.3
long-term clients	38	5.3
LOS decrease needs	30	4.1
changing roles of health		
professionals	19	2.6
need improved education	13	1.8
duplication of services	13	1.8
efficiency needs	12	1.7
confusion in care	11	1.5
pt unprepared for timely		
discharge	10	1.4
inconsistency in care	10	1.4
interest in pt/family satisfaction	9	1.2
advocate needed	7	1.0
rehospitalization	7	1.0

(table continues)

Table 8. (continued)

Term	Frequency(f)	Percentage(%)
duplication of		
equipment/supplies	6	0.8
decreased resources	6	0.8
JCAHO recommendations of		
multidisciplinary care	5	0.7
increased acuity	5	0.7
decreased number of health care		
providers	5	0.7
patient participation desired	4	0.6
limited collaboration	4	0.6
system failure in managed care		
contracts	3	0.4
managed care contracts	3	0.4
interest in caregiver satisfaction	2	0.3
demand for accountability	1	0.1
total frequency	$n=723=\sum f$	$\sum \%=100\%$

The next major category, attributes, were presented in Table 9. This table demonstrated the highest number of terms collected. The sampled literature reflected a total of 65 different attributes. Attribute terms were noted in the sampled literature a total of 3466 times. "Interdisciplinary collaboration" was the phrase that was observed the most frequently - 226 times.

Second only to attributes, consequence terms were found in the sampled literature 908 times. Table 10 addressed this last major category, listing the 36 consequences noted. "Decreased costs" was the most frequent consequence, observed 134 times.

Table 9

Frequency Distribution of Attributes

Term	Frequency(f)	Percentage(%)
interdisciplinary collaboration	226	6.5
develops plan of care	205	5.9
comprehensive assessment	175	5.0
coordinates services	153	4.4
frequent evaluation of progress	147	4.2
monitors delivery of care	132	3.8
coordinates care for specific population	114	3.3
critical pathway use	110	3.2
educates pt/family	97	2.8
coordinates D/C planning	93	2.7
communication channels	90	2.6
pt/family involved in goal setting/evaluation	83	2.4
pt advocacy	82	2.4
makes referrals	75	2.2
collaboration with pt/family	74	2.1
performing case- finding/eligibility/screening	67	1.9
evaluates and monitors costs	65	1.9
implementing	64	1.8
evaluates and monitors resources	63	1.8
documenting	63	1.8

(table continues)

Table 9. (continued)

Term	Frequency(f)	Percentage(%)
transcends care settings	63	1.8
tracks/analyzes critical path variances	59	1.7
relationship with client	58	1.7
accountability	57	1.6
CNS as CM	52	1.5
quality improvement	50	1.4
episode-based care	50	1.4
clinical outcomes achieved in prescribed time-frame	48	1.4
offers clinical support/expertise	47	1.4
facilitates access to health care	47	1.4
caregiver as CM	43	1.2
social worker as CM	41	1.2
assess formal/informal support system	37	1.1
educates staff	35	1.0
analysis of pt financial data	33	1.0
coordinates consults	33	1.0
intervenes in delivery of care	33	1.0
providing direct pt care when necessary	32	0.9
counseling	31	0.9
promotes self-care	31	0.9
assess biopsychosocial needs	30	0.9

(table continues)

Table 9. (continued)

Term	Frequency(f)	Percentage(%)
authorizes hospitalization/rehab/home		
needs	30	0.9
provides/revises standards of care	30	0.9
coordinates team/family meetings	29	0.8
provides follow-up care	28	0.8
long-term perspective	25	0.7
NP as CM	23	0.7
pt liaison	21	0.6
analysis of clinical data	20	0.6
research	19	0.5
flexibility	19	0.5
coordinates interdisciplinary rounds	17	0.5
assess self-care abilities	17	0.5
health promotion/prevention	17	0.5
prevents fragmentation	15	0.4
assess pt coping/adaptive abilities	14	0.4
negotiator	13	0.4
delegates	12	0.3
other health care providers as CM	8	0.2
consistent caregivers	7	0.2
empowering	7	0.2
supervise	3	0.1
marketing	2	0.1
entrepreneur	1	0.01
risk management	1	0.01
total frequency	n=3466= Σf	$\Sigma \%=100\%$

Table 10

Frequency Distribution of Consequences

Term	Frequency(f)	Percentage(%)
decreased costs	134	14.8
decreased LOS	86	9.5
improved quality of care/QA	75	8.3
increased staff satisfaction	62	6.8
increased pt satisfaction	60	6.6
decreased fragmentation of care	46	5.1
improved pt outcomes	45	5.0
increased efficiency	40	4.4
standardization of care/continuity of services	36	4.0
increased collaboration	35	3.9
increased involvement/ responsibility of family	31	3.4
decreased readmission	30	3.3
enhanced QOL	30	3.3
facilitated provision of services/access	24	2.6
decreased duplication of services	21	2.3
timely treatment	20	2.2
optimize pt self-care	19	2.1
quality personnel more easily obtained/retained	16	1.8
decreased supply use	11	1.2
facilitate use of nursing process	10	1.1
decreased delays	10	1.1

(table continues)

Table 10. (continued)

Term	Frequency(f)	Percentage(%)
3rd party payers pleased	8	0.9
administrators pleased	7	0.8
decreased diagnostic test use	7	0.8
caregivers have clear practice pattern to follow	7	0.8
decreased duplication of services	6	0.7
increased communication	5	0.6
fast recovery	4	0.4
increased education of pt	4	0.4
decreased duplication of supplies	4	0.4
improved documentation	4	0.4
care becomes outcome oriented	3	0.3
JCAHO interdisciplinary approach met	3	0.3
increased time of insurance coverage	2	0.2
increased pt confidence in treatment	2	0.2
decreased physician office visits	1	0.1
total frequency	$n=908=\sum f$	$\sum \%=100\%$

The top 10 most frequently occurring terms per category were compiled in Table

11. Since the frequency distribution of the terms in each major category made large sets of data, the top 10 terms in each major category were separated for ease in examination as a group. Each term remains listed in rank order in its' particular major category. The data

Table 11. (continued).

Major category	Term
References	<ul style="list-style-type: none"> home care hospital medical center elderly mentally ill pediatric outpatient clinic surgery HIV inner city
Antecedents	<ul style="list-style-type: none"> increased costs multiple/complex needs require <ul style="list-style-type: none"> integrated approach fragmentation of care DRG prospective payment system nursing shortage increased quality needs healthcare reform difficult access to services long-term clients LOS decrease needs

(table continues)

Table 11. (continued)

Major category	Term
Attributes	interdisciplinary collaboration develops plan of care comprehensive assessment coordinates services frequent evaluation of progress monitors delivery of care coordinates care for specific population critical pathway use educates patient/family coordinates discharge planning
Consequences	decreased costs decreased LOS improved quality of care/QA increased staff satisfaction increased patient satisfaction decreased fragmentation of care improved patient outcomes increased efficiency standardization of care/continuity of services increased collaboration

The last table addressed the sixth step in Rodgers' (1993) framework. Table 12 showed the differences in the 10 most frequent terms per major category that occurred

between the timeframes of: 1987 to 1991 and 1992 to 1995. In this table, the years were split with five years and four years respectively in each timeframe. Thus, each timeframe reflected approximately 50% of the sampled articles.

Evaluating these two timeframes indicated that some terms not only changed order of their rank within the top 10, but may have dropped out of or moved up into the top 10. It should be noted, however, that all the major categories had at least the top two terms ranked the same between both timeframes. Also, some major categories in the timeframes had more than 10 terms listed due to two or more terms being noted at the same frequency. For example, the major category of surrogate terms had 11 terms from 1987 to 1991 and 16 terms from 1992 to 1995. Whereas, the related concepts category had only nine terms total, a majority of these terms occurred in one timeframe.

Table 12

Temporal Changes between 1987 to 1991 and 1992 to 1995 in Frequency Distribution of Top Ten Terms in Major Categories

Term in descending order of frequency	Frequency in 87-91	Term in descending order of frequency	Frequency in 92-95
Surrogate terms (n=65)			
care management	5	care management	12
managed care	4	managed care	6
case coordination	2	case coordination	6
care coordination	2	care coordination	4
continuing care coordination	1	outcomes management	2

(table continues)

Table 12. (continued)

Term in descending order of frequency	Frequency in 87-91	Term in descending order of frequency	Frequency in 92-95
service integration	1	continuing care coordination	1
service coordination	1	service integration	1
clinical case manager	1	service coordination	1
resource coordination	1	continuity coordination	1
health care management	1	clinical case manager	1
case assignment	1	managed competition	1
team managed care	1	health plan coordinator	1
discharge planner	1	program coordinator	1
		collaborative care	1
		intensive case management	1
		utilization management	1
Related concepts (n=102)			
managed care	24	managed care	38
gatekeeper	17	gatekeeper	9
facilitator	3	facilitator	2
geriatric consultation	1	outcome management	4
utilization review	1		
preadmission screening	1		
discharge planning	1		
social casework	1		

(table continues)

Table 12. (continued)

Term in descending order of frequency	Frequency in 87-91	Term in descending order of frequency	Frequency in 92-95
References (n=653)			
home care	65	home care	59
hospital	56	hospital	58
medical center	37	medical center	33
elderly	22	elderly	20
mentally ill	18	surgery	15
pediatric	15	pediatric	14
outpatient clinic	15	mentally ill	13
inner city	12	cardiovascular	10
computer	10	HIV	8
HIV	9	rehab	7
		adult ICU	7
		outpatient clinic	7
Antecedents (n=723)			
increased costs	51	increased costs	57
multiple/complex needs	43	multiple/complex needs	56
require integrated approach		require integrated approach	
DRG prospective payment system	37	nursing shortage	41
fragmentation of care	30	fragmentation of care	39
nursing shortage	28	DRG prospective payment system	30
long-term clients	25	increased quality needs	27

(table continues)

Table 12. (Continued)

Term in descending order of frequency	Frequency in 87-91	Term in descending order of frequency	Frequency in 92-95
difficult access to care	15	health care reform	27
increased quality needs	13	LOS decrease needs	21
health care reform	11	difficult access to services	18
changing roles of health professionals	10	long-term clients	13
Attributes (n=3466)			
interdisciplinary	104	interdisciplinary	122
collaboration		collaboration	
develops plan of care	96	develops plan of care	109
coordinates services	84	comprehensive assessment	92
comprehensive	83	coordinates care for specific	86
assessment		population	
monitors delivery of	72	frequent evaluation of	76
care		progress	
frequent evaluation of	71	critical pathway use	70
progress			
coordinates discharge	47	coordinates services	69
planning			
patient advocacy	46	monitors delivery of care	60
educates patient and	45	communication channels	57
family			
patient/family involved	45	educates patient and family	52
in goal			
setting/evaluation			

(table continues)

Table 12. (continued)

Term in descending order of frequency	Frequency in 87-91	Term in descending order of frequency	Frequency in 92-95
Consequences (n=908)			
decreased costs	63	decreased costs	71
decreased LOS	33	decreased LOS	53
improved quality of care/QA	31	improved quality of care/QA	44
increased patient satisfaction	27	increased staff satisfaction	36
increased staff satisfaction	26	increased patient satisfaction	33
decreased fragmentation of care	19	improved patient outcomes	30
standardization of care/continuity of services	17	increased efficiency	28
increased involvement and responsibility of family	16	decreased fragmentation of care	27
improved patient outcomes	15	increased collaboration	25
enhanced quality of life	15	standardization of care/continuity of services	19
facilitated provision of services/access	15		

Summary

Chapter III was comprised of the data analysis, demographic data, and results of the investigation. Frequency distributions were used in a descriptive analysis of the demographics of the sample, the major categories, and the 10 most frequent terms per major category that occurred. Temporal changes were examined with frequency distributions from the timeframes 1987 to 1991 and 1992 to 1995.

Chapter IV

Discussion of Findings

This chapter discussed the findings from the concept analysis of nursing case management. The discussion of the findings was not addressed in context of previous literature since all relevant literature on nursing case management was the database of the investigation. Steps 7 and 8 Rodgers' (1993) framework was the basis for organizing this section. The chapter also addressed the implications, recommendations for further study, and scope and limitations of the study.

Discussion

The use of Rodgers' (1993) framework for concept analysis of nursing case management has resulted in the identification of a description rather than a definition of the concept. This description resulted from an examination of the data and temporal changes within the major categories of surrogate terms, related concepts, references, antecedents, attributes, and consequences. From this description, a model case was selected to serve as an everyday example of the concept.

The concept analysis of nursing case management was a labor intensive investigation. This was due in part to the already identified difficulty in determining an agreed upon definition of case management. It was evident by the multiple surrogate terms that were discovered in the sampled literature. Even though authors were able to identify nursing case management as a concept, some were unable to separate it from other concepts. This was further observed in the individuality of the articles, as nursing case management was a diversely described concept applied across a multitude of settings and populations.

A second difficulty in this concept analysis occurred because most of the authors did not specifically spell out the major categories as defined by Rodgers (1993). This left the decisions regarding term identification in category placement to this study's investigators. For example, whether "managed care" was approached as a related concept or surrogate term by the author. Sorting another term, such as "interdisciplinary collaboration," depended strongly on how it was used in a particular article. Depending on the context of the term's use, it could have shown up as an antecedent, attribute, or consequence.

In addition to the difficulties noted above, it was noted that throughout this large sample of literature few authors attempted to clearly define case management. Also, of those that had a definition, the author usually quoted another source, such as the American Nurses Association, or widely recognized nursing case management models, such as the New England Medical Center Model (Trinidad, 1993) and the Carondelet St. Mary's Model (Combs & Rusch, 1990). However, these authors only mentioned these models as examples or adapted them to a form that was more applicable to their particular situation.

Even without a cited definition of nursing case management, a general overview of this concept was gained from the sampled literature. Nursing case management represents more than just coordination of services, it is the coordination of health care for an individual. Nursing case management also was found either to be site-specific or to transcend care settings. This latter situation appeared to be the most prevalent trend in the literature. Authors used nursing case management in the way it best suited their purposes. Nurse case managers had their hand in every part of patient health care delivery from initial assessment to goal setting, intervention, implementation, monitoring, evaluation,

coordinating services, discharge planning, educating, advocating, collaborating, and consulting.

To begin the description of the concept of nursing case management from the general overview, surrogate terms must first be addressed. It was recognized that there may be multiple ways of expressing the same concept (Rodgers, 1993). Out of 351 articles, 22 identified surrogate terms of nursing case management were only addressed 65 times in total. Thus, the body of literature sampled supported, for the most part, that there was no need for the substitution in the terminology for nursing case management. The most frequent surrogate terms identified were care management and managed care, however, several terms were identified only once or twice. This could have been attributed to the individual authors of the articles and their preference in terminology usage.

The second major category of the investigation was related concepts. Some of the terms identified as surrogate terms also appeared as related concepts. This duplication may have been related to two factors. First, some authors did not distinguish between the characteristics of nursing case management and another concept, while other authors easily discriminated concepts that only held some relationship to nursing case management.

Rodgers' (1993) suggested that concepts do not exist by themselves, but instead are a part of a network of related concepts. This investigation demonstrated that nursing case management was often linked to managed care. The exact relationship between nursing case management and the other related concepts could not be easily described from the investigated literature. However, a strong connection between managed care and nursing

case management often was identified. Nursing case management was often seen as a subset of managed care. When nursing case management was addressed in this context, it was often viewed as an integral part of the managed care puzzle.

In addition to surrogate terms and related concepts, references were identified in this investigation. Two primary areas of references were evident: setting and population. The references provided an overall indication of actual situations and populations to which the concept was being applied. Nursing case management was observed to be utilized in the community, as well as easily used in several types of hospital care arenas. The references further demonstrated that nursing case management was not restricted to one particular population of clients. Thus, nursing case management had great flexibility.

While examining the antecedents, a few themes emerged as to the need for such diverse use of nursing case management. These catalysts often surrounded the issues of cost containment, fragmentation of care, and complex client needs. In addition, the literature appeared to weigh both the high costs of health care and the needs of the client almost equally as determinants for the need for nursing case management.

The attributes identified in this study gave an overview about how nursing case management has attempted to resolve the identified needs and issues necessitating nursing case management. Even though attribute terms showed up well over 3000 times, the distribution of terms was spread out fairly evenly, reflecting that nursing case management was approached in multiple ways. The sampled literature addressed three main types of nurses that acted as nurse case managers. Not only were clinical nurse specialists and nurse practitioners functioning in the role of case managers, the primary nurse caregiver

also assumed this role. A clear description of all the kinds of nurses performing case management was not clear in the literature. In fact, fifty percent of the articles omitted any specification or description of the case manager other than saying it was a nurse.

The literature, however, did provide a description of the tools, qualities, interrelationships, and processes of nursing case management. For example, some tools used by nursing case managers were careplans, critical pathways, communication channels, and documentation. Accountability, advocacy, and flexibility are some of the qualities of nurse case managers. Strong relationships were also found to exist within and between other disciplines related to improving communication, referrals, consults, or education. Several processes were identified that fell within the realm of a nurse case manager: coordination, monitoring, educating, intervening, researching, delegating, supervising, empowering, counseling, and analyzing.

Throughout the sampled literature, the integral parts of the nursing process were sometimes evident as a part of a nursing case management process. Some authors specifically cited processes of nursing case management such as assessing, planning, implementing, and evaluating. These processes may have been mentioned alone or in some combination.

The consequences noted in the sampled literature demonstrate that nursing case management has generally resulted in some impact upon high health care costs, fragmentation of care and complex client needs. These outcomes meet many of the needs that originally were described in the antecedents. Nursing case management had many effects not only on the client, but also on the systems with which the client interacted.

It should be noted that most of these consequences have not been verified in empirical studies.

Temporal Changes and Cross-Disciplinary Comparisons

Considerable change in nursing case management was noted over the span of the sampled literature in the investigation. According to Rodgers (1993), insight can be gained into the current and emerging trends of a concept by examining the concept over time. Since a distinct change was noted in the sampled literature around 1991, the data was separated between 1991 and 1992. This change was examined in the context of the top ten terms per major category.

When looking at surrogate terms, several terms separated out into only one time period or the other. However, those terms occurred only once, resulting in a frequency too small to determine trends. The term "outcomes management" appeared only after 1992 in both the major categories of surrogate terms and related concepts. With changing focuses in health care, this may have reflected the current interest in measurable outcomes.

With changes in health care, it is helpful to examine the context in which the concept nursing case management has most recently been used. Home care and hospital environments were still heavily addressed references in the sampled literature. This may have reflected that this concept remained effective in both the home and hospital environments. Nursing case management was found to not only follow patients within those environments, but also crossed boundaries to facilitate the care of several patient populations.

management was not only coordinating services but also coordinating care. Nursing case managers were not just discharge planners, many were in situations where they had the autonomy to affect treatment plans.

Interdisciplinary collaboration was another fundamental attribute of nursing case management. In order to effectively collaborate with others, nursing case managers have recognized the importance of having good communication channels. Critical pathways, a way to streamline communication and treatment plans, moved up into top 10 after 1992.

Attributes that dealt with implementation of nursing case management were less of a focus in the top 10 after 1992. Assessing, planning, and evaluation remained a significant part of the nursing case management process. This was not to say that implementation is not any less important, but attributes like "critical pathways" and "coordinates care for specific population" had become of increased interest to the authors in the sampled literature.

When looking at the consequences or outcomes of nursing case management, it was apparent that there remained a focus on patient and staff satisfaction. Outcomes other than satisfaction have also been addressed. While decreasing costs and length of stay, nursing case management had not compromised the quality of care. Nursing case management had resulted in improved patient outcomes. In doing so, the literature notes that nursing case management was able to meet some of the top 10 needs that surfaced as antecedents. Nursing case management resulted in decreased fragmentation of care, health care costs, and length of stay. Increased efficiency and collaboration were both identified as important outcomes of nursing case management.

Another way to interpret data in a concept analysis was through cross-disciplinary comparisons. According to Rodgers (1993), this type of comparison may be helpful if the concept in nursing is generally thought to have been derived from another discipline. Perspectives of the other disciplines may then surface, allowing for clarification of their viewpoint and possibly, contributing to increased interdisciplinary collaboration. In this concept analysis of nursing case management, articles from other disciplines, such as medicine, psychology, sociology, health administration, insurance, business, education, and occupational therapy were noted. However, of the 351 articles in the sample, 318 (90%) were from the discipline of nursing. Articles from the other disciplines had such infrequent occurrence in the total sample that no significant conclusions or comparisons to nursing case management could be drawn.

Model Case

The purpose in identifying a model case, step 7 of Rodgers' (1993) framework, was to clarify the way nursing case management was being used, by providing an everyday example. According to Rodgers, the attributes, antecedents, and consequences of nursing case management should be clearly demonstrated in this model case. References were included to provide examples of the setting and/or population in which nursing case management was taking place.

The model case for nursing case management was identified by extracting articles that contained at least the top 10 attributes from the sample of 351 articles. This major category was addressed first, because it described most of the characteristics of nursing case management. Additional information in identifying how nursing case management

was being used was provided when the antecedents and consequences were included in the model case. This led to the next step in which the previously selected articles were examined for the inclusion of terms from the top ten list of antecedents and then consequences. Articles were excluded if they did not contain any antecedents or consequences. One model case emerged from the sampled literature.

It was important to maintain neutrality in choosing a model case (Rodgers, 1993). Although the selected model case by Simmons (1992) was set in a trauma center and described the development of the trauma nurse case manager role, it was still a useful model to generically illustrate the concept of nursing case management. This model case discussed tools of nursing case management, such as a critical pathway. Simmons' article included a case study that demonstrated the nurse case manager's role. Research questions about the effectiveness of nursing case management were raised by Simmons that reflect back to the discussion of attributes, antecedents and consequences.

Simmons (1992) described a sample job description which is useful for any nurse case manager that included many attributes beyond that of the top 10 attributes. For example, she discussed the one attribute, "developing a plan of care," through the development of critical pathways and case management plans. Simmons further addressed this attribute through collaboration with physicians to identify patient problems, nursing interventions, physician processes, intermediate and final outcomes, and the time interval for treatments that spans the episode of illness. The model case addressed 18 additional attributes, which included: "evaluating and monitoring costs and resources," "offering clinical support and expertise," and "providing and revising standards of care."

However, when examining the antecedents for this model case, only one antecedent was noted. This antecedent, "multiple and complex needs requiring an integrated approach," would not be unexpected in a discussion of trauma nursing case management. This particular antecedent was, however, still the second most frequently occurring term in the sampled literature. This emphasizes the model case's applicability to a general description of nursing case management.

This was also evident in the examination of the top 10 consequences found in this model case. The term that was noted, "decreased length of stay," was the second most frequently occurring consequence. There was also one consequence that was not in the top ten. "Decreased readmissions" was the twelfth most frequent term.

Implications

This investigation provided many implications for nursing practice, an examination of these will fulfill the eighth step of Rodgers' (1993) framework. Having provided a description of nursing case management, this investigation will improve the understanding of nursing case management as a concept. This study sought to clarify the concept of nursing case management by examining how it existed and was used. This concept analysis also expanded the knowledge base of nursing by contributing needed information for future developments in case management, nursing curriculum, and outcome measurements.

The model case identified served as an example of the concept, generating possible guidelines for future nursing case management program development. This model provided a means for nursing to examine the identified characteristics of nursing case

management, by viewing it in a tangible form. The model case reaffirmed the findings of the investigation. It illustrated how a working case management program based on the findings of this investigation can be brought into everyday nursing practice.

As nursing continues to incorporate nursing case management into everyday nursing practice, this concept analysis should produce useful information for nursing education. A clarification of nursing case management will aid in the curriculum development in both undergraduate and graduate programs. For example, "interdisciplinary collaboration" was one of the major attributes of nursing case management that was identified. This points to the need for interdisciplinary collaboration to be stressed in course content. Another example was based on the attributes of "episode-based care" and "transcends care settings." Educational courses using the nursing case management concept could be developed to assist student nurses in visualizing health care issues based not only on an episode of illness but across the continuum of illnesses.

In addition to education, the information gained from this concept analysis could facilitate guidelines for the evaluation of nursing case management. The identified consequences may be used as measurement outcomes for nursing case management interventions. For example, programs could be evaluated based on their achievements in decreasing length of stay and costs, and increasing quality of care, satisfaction, and efficiency.

Scope and Limitations

The scope of this investigation addressed nursing roles in case management, therefore, other disciplines were excluded from this study. Investigator bias was a potential

limitation in this concept analysis because interpretation of the author's definition and wordings was based on the investigator's view. Articles that were not accessible as well as books were not used in the data collection. It is possible that temporal changes over the nine year span that was covered in this investigation may have skewed some of the characteristics that were identified.

Summary

An overall view of the investigation was presented through the discussion of findings in Chapter IV. The findings were addressed in the context of all six major categories. The use of temporal changes and a model case further clarified the concept of nursing case management. Implications and recommendations for research were suggested based on the description of nursing case management given by this investigation. Lastly, the limitations of the study were addressed in this chapter.

Chapter V

Summary of the Study

Chapter V was a summary of the findings from this investigation. This chapter reviewed the purpose of the study. An overview of methodology and procedures included the setting, sample, and data collection and analysis. Findings were presented in order of the six major categories followed by the conclusion.

Purpose of the Study

The purpose of this investigation was to clarify the concept of nursing case management as it was described and applied in the literature. The findings of this investigation produced a clearer understanding of nursing's role in case management. To ease the conceptual problems concerning nursing case management, a concept analysis was employed. A model case illustrating these characteristics was identified along with implications for nursing practice and suggested research.

Need for the Study

Reform initiatives in health care delivery systems stimulated an accelerated interest in case management. However, case management differed between and within many contexts and environments including: programs of insurance-based, employer-based, worker's compensation, or third party payers; and practices of nursing, medicine, mental-health, or social services (Smith, 1995). Case management, frequently used as a complex concept in health care, was not easily limited to a single agreed upon definition. The difficulty in defining case management laid in the fact that it had several meanings (Molloy, 1994). Often, several terms were intermingled or interchanged with case management.

included service management, care coordination, care management, patient care
 ning, and managed care. With the variety of terms used, not only did the consumer
 me confused about strengths, weaknesses, and purposes of services, but also the
 on providing the services.

Having the ability to function in multiple health care settings, nursing could easily adapt
 meet multiple client needs. Nurse case managers combined case management with
 ct nursing care, provided a more comprehensive assessment of health than other health
 essionals serving as case managers (Newman, Lamb, & Michaels, 1991). The holistic
 roach and unique skills and knowledge base of nursing, extended beyond the
 hysiological and pathological aspects of care, made the nurse the most appropriate
 vider to serve as case manager (Smith, 1995). The clarification of nursing case
 agement through concept analysis expanded the knowledge base for nurses to
 ction in the role of case manager.

Methods and Procedures

This investigation applied the method of concept analysis described by Rodgers (1993)
 literature of various disciplines which addressed a nursing role in case management. A
 cept analysis has been described as a strategy for eliciting meaning (Chinn & Kramer,
 91). This allowed the intent in use of the concepts to be uncovered. A retrospective
 roach to this concept analysis was used to follow Rodgers' framework. According to
 dgers, concept analysis by this evolutionary method used the following steps:

1. Identify the concept of interest and alternate terms.
2. Identify and select a suitable setting and sample for data collection.

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Table 1

Frequency of Demographic Data by Discipline and Year for Sample (N=351)

	Frequency	Frequency %
Discipline		
Nursing	318	90.6
Medicine	5	1.4
Psychology	8	2.3
Sociology	6	1.7
Other	14	4.0
Year		
1995	7	2.0
1994	79	22.5
1993	56	16.0
1992	45	12.8
1991	65	18.5
1990	43	12.3
1989	37	10.5
1988	18	5.1
1987	1	0.3

Data Collection and Analysis

Each article was read in its entirety to aid in the identification of the general content and tone of each of the articles. Statements were identified that focused on the following major categories described by Rodgers (1993) in step 3 and 4 of her framework:

surrogate terms, related concepts, references, antecedents, attributes and consequences.

Statements and phrases were inductively grouped into these categories. Data terms in the

form of one word or a few word phrases were derived from the content of each article on each major category.

Descriptive analysis was performed to profile the major categories and the ten most frequent terms per major category that occurred. The frequency distribution allowed the data to be organized and tabulated. Temporal changes in the 10 most frequent occurring terms were also examined.

Findings and Conclusions

Surrogate Terms

Out of 351 articles, 22 identified surrogate terms of nursing case management were only addressed 65 times in total. Thus, the body of literature sampled supported, for the most part, that there was no need for the substitution in the terminology for nursing case management. The most frequent surrogate terms identified were "care management" and "managed care," however, several terms only showed up once or twice. This could be attributed to the individuality of the individual authors of the articles and their preference in terminology usage.

Related Concepts

There were nine identified related concepts. Some of the terms identified as surrogate terms also appeared as related concepts. Those terms were "managed care," "outcomes management," "utilization review," and "discharge planning." "Managed care" was the most frequent related concept, whereas it was the second most frequent surrogate term found in the sample literature. This duplication may have been related to two factors. Whereas some authors did not distinguish between the characteristics of nursing case

management and another concept, other authors easily discriminated concepts that only held some relationship to nursing case management.

Rodgers' (1993) suggested that concepts do not exist by themselves, but instead are a part of a network of related concepts. This investigation demonstrated that nursing case management is often linked to managed care. The exact relationship between nursing case management and the other related concepts could not be easily described from the investigated literature. However, a strong connection between managed care and nursing case management often was identified. Nursing case management was often seen as a subset of managed care. When nursing case management was addressed in this context, it was often viewed as an integral part of the managed care puzzle.

References

Out of a total of 39 references observed in the sampled literature, two primary areas of reference were evident: setting and population. The references gave a good overall indication of actual situations and populations to which the concept was being applied. Not only has nursing case management been shown to be utilized in the community, but it has moved easily into several kinds of hospital care arenas. As the top references, "home care" and "hospital" settings were noted at a closely related frequency. The references further demonstrated that nursing case management was not restricted to one particular population of clients. Thus, nursing case management had great flexibility.

Antecedents

While examining the antecedents, a few themes emerged out of the 31 antecedents identified that attested to the need for such diverse use of nursing case management.

These catalysts often surrounded the issues of cost containment, fragmentation of care, and complex client needs. It was interesting to note that the literature weighed both the high costs of health care and the needs of the client almost equally as determinants for the need for nursing case management.

Attributes

Even though attribute terms showed up 3466 times, the distribution of terms was spread out fairly evenly, reflecting that nursing case management was approached in multiple ways. The sampled literature noted three main types of nurses that acted as nurse case managers. Not only were clinical nurse specialists and nurse practitioners functioning in the role of case managers, the primary caregiver also assumed this role. A clear description of all the types of nurses performing case management was not clear in the literature. Fifty percent of the articles did not specify a description of the case manager other than saying it was a nurse.

However, the literature did give a good description of the tools, qualities, interrelationships, and processes of nursing case management. For example, some tools of the nursing case manager were careplans, critical pathways, communication channels, and documentation. Accountability, advocacy, and flexibility were some of the qualities. Strong relationships existed within and between other disciplines, whether it was improving communication, referrals, consults, or education. Several processes were identified that fell in the realm of a nurse case manager: coordination, monitoring, educating, intervening, researching, delegating, supervising, empowering, counseling, and analyzing.

Consequences

The 36 consequences noted in the sampled literature demonstrate that nursing case management had generally resulted in some impact upon high health care costs, fragmentation of care and complex client needs. These outcomes met many of the needs that originally were described in the antecedents. Nursing case management had many effects not only on the client, but also on the systems with which the client interacted. It was noted that most of these consequences had not been verified in empirical studies.

Temporal Changes

Considerable change in nursing case management was noted over the span of the sampled literature in the investigation. According to Rodgers (1993), insight can be gained into the current and emerging trends of a concept by examining the concept over time. Since a distinct change was noted in the sampled literature around 1991, the data was separated between 1991 and 1992. This change was examined in the context of the top ten terms per major categories.

The term "outcomes management" appeared only after 1992 in both the major categories of surrogate terms and related concepts. With changing focuses in health care, this reflected the current interest in measurable outcomes.

Home care and hospital environments were still heavily addressed references in the sampled literature. This was a reflection that this concept remains effective in both environments. Nursing case management not only followed patients within those environment, but also crossed those boundaries to facilitate the care of several patient populations. With the same intensity, nursing case management was still addressing the

complex health needs of the elderly, pediatric, mentally ill, and HIV clients. Recent changes in nursing case management references were reflecting a more detailed approach to patient populations, by focusing on subgroups, such as cardiovascular patients.

"Increased costs," "DRG prospective payment systems," and "health care reforms" were antecedents that were still currently being addressed in nursing case management. As a fallout from these terms, "decreased length of stay" appeared in the top 10 antecedents after 1992. The needs generated by this decreased length of stay were also linked to the other antecedents "difficult access to services," "fragmentation of care," and "patients being discharged earlier with multiple and complex needs requiring an integrated approach." As an additional antecedent to nursing case management, "nursing shortage" was mentioned in both time frames. It was expected that nursing shortage would decrease after 1992, however, it actually increased in frequency. It was interesting to consider whether a nursing shortage was continuing to occur in the nursing profession, or whether the authors were addressing the downsizing of nursing staff as a "nursing shortage."

Case management has moved away from coordination activities in a service line approach to working within a specific patient population. For instance, instead of case managing all patients in a pediatric clinic, the focus may have been more on the asthmatic patients in that clinic. After 1992, nursing case management was not only coordinating services but also coordinating care. Nursing case managers were not just discharge planners, many were in situations where they had the autonomy to affect treatment plans. Interdisciplinary collaboration was another fundamental attribute of nursing case management. In order to effectively collaborate with others, nursing case managers had

recognized the importance of having good communication channels. Critical pathways, a way to streamline communication and treatment plans, moved up into top 10 after 1992.

When looking at the consequences or outcomes of nursing case management, it was apparent that there remained a focus on patient and staff satisfaction. Whereas decreasing costs and length of stay, quality of care had not been compromised and nursing case management had resulted in improved patient outcomes. A decrease in fragmentation of care, health care costs, and length of stay and an increase in efficiency and collaboration had all become important outcomes of nursing case management.

Model Case

Rodgers' (1993) purpose in identifying a model case was to clarify the way nursing case management was being used by providing an everyday example. According to Rodgers, the attributes, antecedents, and consequences of nursing case management should be clearly demonstrated in this model case. References were included to provide examples of the setting and/or population in which nursing case management was taking place.

The model case for nursing case management was identified by extracting articles that contained at least the top 10 attributes from the sample of 351 articles. This major category was addressed first, because it describes most of the characteristics of nursing case management. One model case emerged from the sampled literature that also contained some of the top 10 antecedents and consequences.

The selected model case by Simmons (1992) was set in a trauma center and described the development of the trauma nurse case manager role. This model case discussed tools

of nursing case management, such as a critical pathway. Simmons' article included a case study that demonstrated the nurse case manager's role.

Simmons (1992) described a sample job description which was useful for any nurse case manager that included many attributes beyond that of the top 10 attributes. For example, she discussed the one attribute, "developing a plan of care," through the development of critical pathways and case management plans. Simmons addressed this through collaboration with physicians to identify patient problems, nursing interventions, physician processes, intermediate and final outcomes, and the time interval for treatments that spans the illness. The model case addressed eighteen additional attributes, such as: "evaluating and monitoring costs and resources," "offering clinical support and expertise," and "providing and revising standards of care."

Recommendations for Future Research

Most of the literature in this investigation was not based on research but rather on descriptive information. Therefore, more research into nursing case management is warranted. Recommendations for research were made as advocated by Rodgers (1993) in the eighth step. This concept analysis was the first step into a greater understanding of nursing case management. At this time there is little basis for research in nursing case management because there is great disagreement as to the use and purpose of it. This investigation supplied a common ground upon which future research can be based. Further research into the concept of nursing case management by interdisciplinary comparisons, validation of findings, and intradisciplinary comparisons will assist in the continuing theoretical development associated with this concept.

The findings of this investigation provided a unique data base that may be useful for further investigation into nursing case management. According to Rodgers (1993), results of a concept analysis does not provide the final definition of a concept, but promotes and gives direction for additional research. Before further research can adequately take place, research is needed to validate whether the terms under each major category are applicable to current nursing case management practice in the field. Additional clarification may result from replication in a practice setting since this concept analysis was only based on how nursing case management is described and applied in the literature.

With the multiplicity of disciplines in which case management is carried out, the differentiation of nursing case management from these disciplines may decrease the duplication of services. This can be carried out by designing research to assess whether the identified characteristics of nursing case management are the same or differ for other disciplines. The focus of this research should be more on the antecedents, attributes, and consequences than surrogate terms, related concepts, and references.

In addition to differentiating nursing case management from other disciplines, further evaluation into the dimensions of the concept of nursing case management is needed to enhance the existing knowledge base. Strategies need to be employed through intradisciplinary studies to delineate the differences between settings, the providers, and the population of nursing case management. This may help clarify the concept further by controlling for the immense individuality which was shown in the sampled literature.

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Appendix C

Data Collection Sheet

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Appendix D

Data Collection Sheet

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Appendix F

Data Collection Sheet

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